



National Health Service Corps (NHSC)

New Site Application Webinar

May 13, 2025

Presenters:

LT Christina Lee | Regional Analyst

LCDR Lee Ryder | Regional Analyst

CAPT Tracy Gualandi (moderator)

Division of Regional Operations (DRO)

Bureau of Health Workforce (BHW)

Health Resources and Services Administration (HRSA)

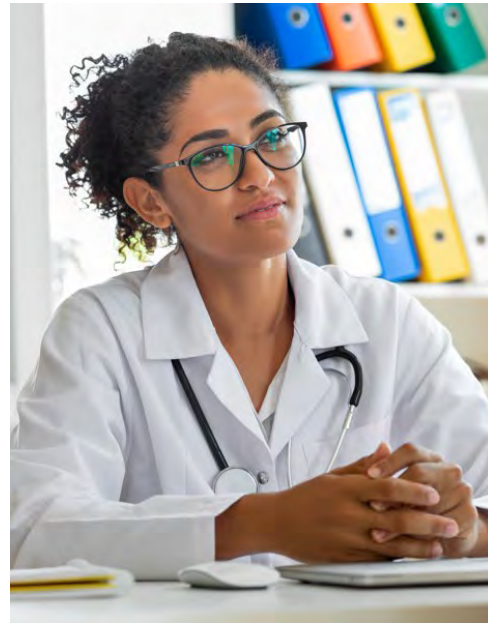




Agenda

- **NHSC Site Benefits**
- **Eligibility Requirements**
- **Application Overview & Key Dates**
- **NHSC Site Application Components/sections**
- **NHSC Site Application Tips**

NHSC Site Benefits



- Recruit, hire, and retain clinicians
- Eligible to apply to NHSC Loan Repayment Programs
- Hire NHSC Scholars or Students to Service participants
- Access to the Health Workforce Connector, an online platform that allows you to:
 - Create, manage, and advertise new job vacancies and training positions
 - View a comprehensive list of job seekers interested in your job postings
 - Search candidate profiles



Site Eligibility Requirements

To apply, your site must:

- Be an eligible health care facility
- Provide outpatient, comprehensive primary health care services to people
- Be located in a Health Professional Shortage Area (HPSA)
- Meet the requirements in the NHSC Site Reference Guide and NHSC Site Agreement



NHSC Eligible Sites - Non-Auto Approved Sites

Non-Auto Approved Eligible Sites

- Centers for Medicare & Medicaid Services Certified Rural Health Clinics
 - Community outpatient facilities
 - Critical Access Hospitals (CAHs) and Rural Emergency Hospitals (REHs) with an affiliated outpatient clinic
 - Free clinics as defined by NHSC
 - Mobile units
 - Private practices
 - School-based clinics
 - State or local health departments (if they provide comprehensive primary care services)
 - State prisons (with a facility HPSA)
 - Substance Abuse and Behavioral Health Services Administration Certified Community Behavioral Health Centers (CCBHCs)
 - Substance use disorder treatment facilities (that provide medication for opioid use disorder)
-
- Non-auto approved sites must submit a site application during the open cycle and recertify every three years.
 - CAHs & REHs must demonstrate affiliation with a NHSC-approved outpatient clinic.



NHSC Eligible Sites - Auto-Approved Sites

Auto-Approved Sites

- Federal prisons
- Federally Qualified Health Centers
- Federally Qualified Health Center Look-Alikes
- Immigration and Customs Enforcement Health Service Corps facilities
- American Indian Health facilities: Indian Health Service facilities, Tribally Operated 638 outpatient clinics and hospitals with an affiliated outpatient clinic, Dual-Funded facilities and Urban Indian Health Programs

- New auto-approved sites must submit an application once operational. They may apply at any point during the year and are not required to recertify every three years.
- IHS and Tribally Operated 638 Hospitals must demonstrate affiliation with a NHSC-approved outpatient clinic.



NHSC Ineligible Sites

- Inpatient hospitals (**except** CAHs, REHs, 638 hospitals and Indian Health Services hospitals **with affiliated outpatient clinics**)
- Clinics that limit care to veterans and active-duty military personnel (e.g., VA medical centers, hospital and clinics, and military treatment facilities)
- Other types of inpatient facilities and inpatient rehabilitation programs
- Residential facilities
- Local/county/city/private correctional facilities
- Home-based health care settings of patients or clinicians
- Specialty clinics and/or service-specific sites limited by gender identity, organ system, illness, categorical population or service (e.g., clinics that only provide Sexually Transmitted Diseases/Human Immunodeficiency Virus/Tuberculosis services). Exception: OB/GYN, Pediatric, and Geriatric sites
- Facilities that provide 100% telehealth services
- Facilities that only provide general SUD treatment services (i.e., addiction counseling)

NHSC New Site Application Cycle

- **Applications accepted: May 6 – June 17, 2025 at 11:59 p.m. ET**
- The new site application cycle is for sites that:
 - Have never been approved for NHSC
 - Are under new ownership
 - Were previously approved but are now inactive or expired



STARTING YOUR APPLICATION



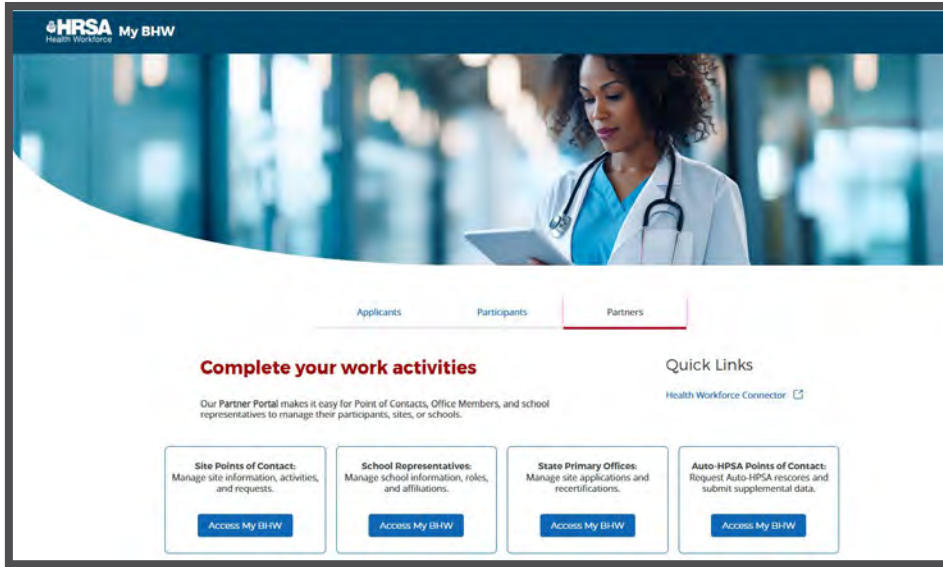


Prepare for the 2025 NHSC Site Application Cycle

- Review the 2025 NHSC Site Reference Guide (SRG) and NHSC Site Agreement.
- Ensure your Site POCs have the role of "Administrator", so that they can complete a site application.
- Compile required documents. Do not upload extraneous files.
- Read the directions carefully; SAVE as you go.



My BHW and Multifactor Authentication



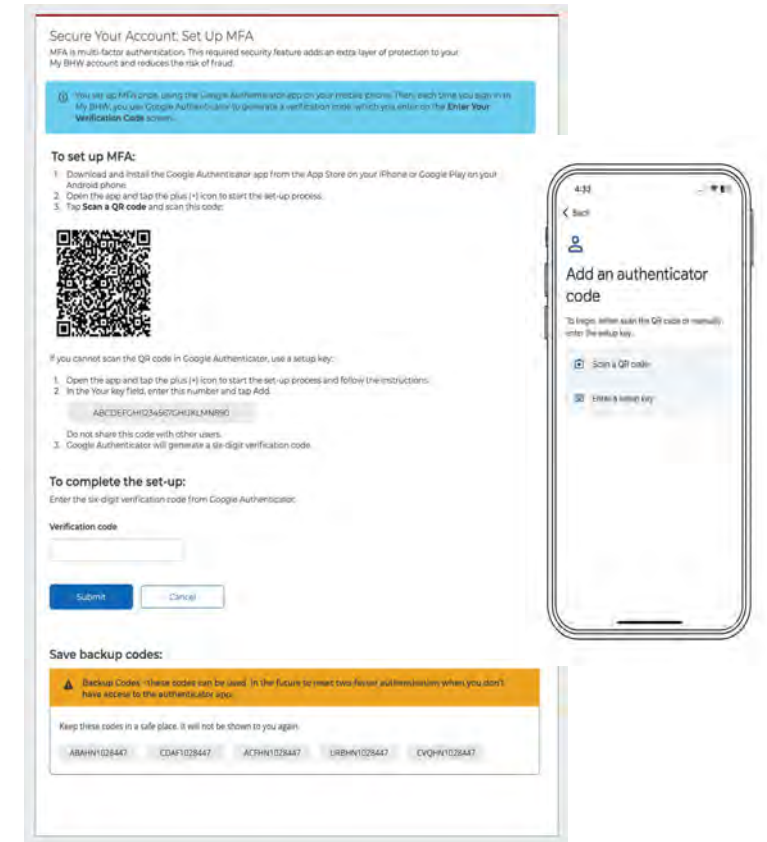
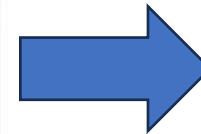
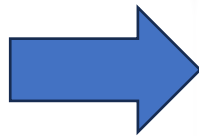
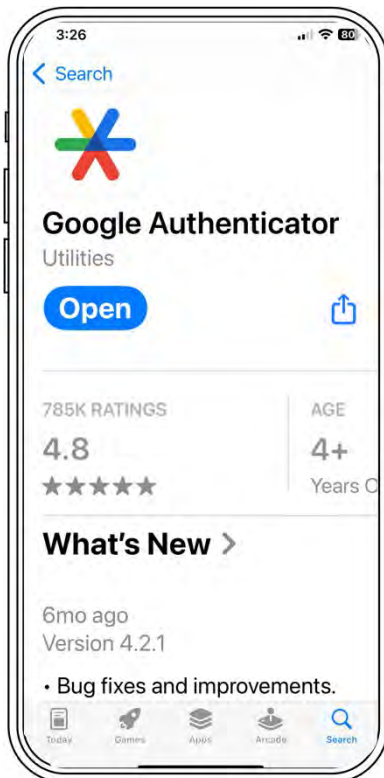
Get help: [My BHW Quick Start Guide](#)
(PDF - 565 KB)

All applicants:

- Will use **My BHW** to submit an online application
- Must set up Multifactor Authentication (MFA) with Google Authenticator to start an application
- Need a mobile phone *or* tablet to complete MFA to access My BHW

Install Google Authenticator and Set Up MFA

- 1) Download Google Authenticator from the App Store on your mobile device.
- 2) Sign in to My BHW using your email address and password.
- 3) Follow instructions to set up MFA for your My BHW account and mobile device.

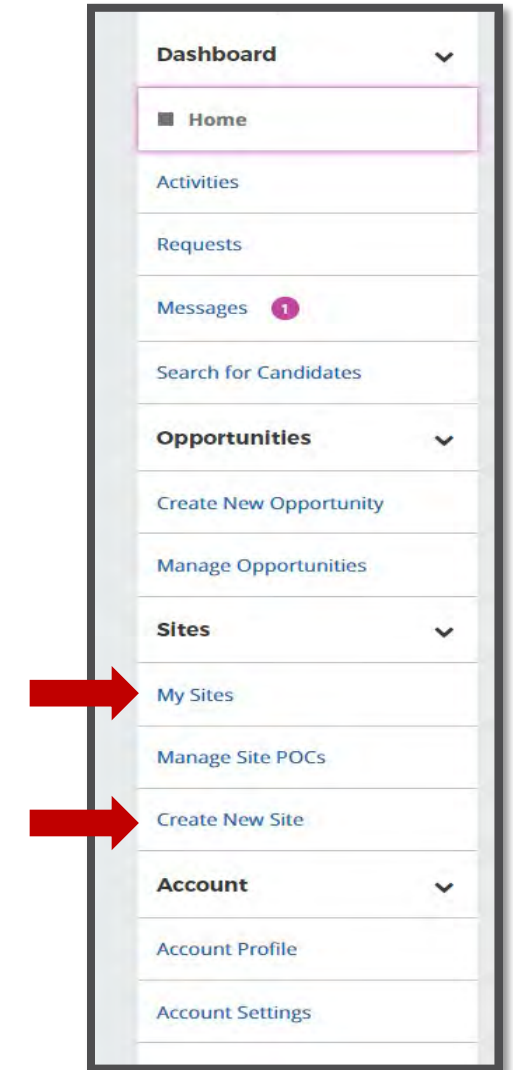


Submitting a Site Application

Creating a New Site

Application Instructions

1. Login to My BHW (create an account if needed).
2. If the site is already listed under “My Sites” click on the site name, and then click “Start a NHSC Site App”;
3. If the site is not already listed under “My Sites” click “Create a New Site” on the left-hand sidebar. Once the site is created, click “Start a NHSC Site App”;
4. Complete the site application;
5. Review and sign the NHSC Site Agreement; and
6. Submit the site application for review and approval.





Site Application Sections

1. Check Eligibility
2. Confirm Site Details
3. Check for Existing Sites
4. Services and Staffing
5. Behavioral Health
6. Payments and Insurance
7. Telehealth
8. Identify Points of Contact (POCs)
9. Review Health Professional Shortage Area (HPSA) score
10. Upload Documents
11. Review and Sign



Site Application - Exemptions

The following site types are **EXEMPT** from certain application sections.

Site Type:

- Federally Qualified Health Centers (FQHC) and FQHC Look-a-Likes
- American Indian Health Facilities
- Federal Prisons
- ICE Health Service Corps
- State Prisons (*Must upload SUD Documents and MOUD Letter, if applicable*)

Exempted Application Sections:

- **Behavioral Health Section:** *Behavioral Health Checklist & Documentation* (*OTPs also exempt from this section*)
- **Payments and Insurance:** *Site Data Tables & SFDP Documentation* (*Free Clinics also exempt from providing SFDP documentation*)
- **Upload Documents:** *Recruitment & Retention Plan; Proof of Access to Ancillary, Specialty and Inpatient Services; SUD Documentation; & Mobile Unit Stops*



Section 1: Check Eligibility

Describe your site:

- Site type and sub-type
- Profit or non-profit status
- Hospital affiliation

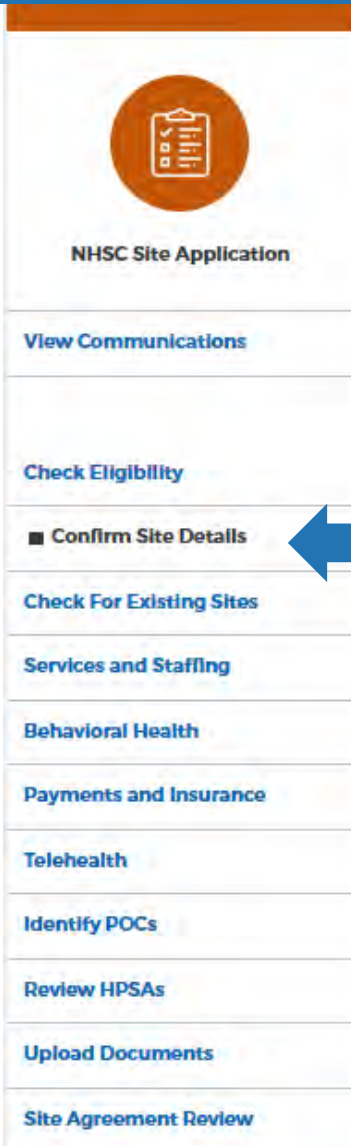
Review your selection carefully:

- Definitions for site types can be found in the glossary link on the NHSC website.
- A common error is for sites to misidentify themselves as an FQHC, FQHC Look-a-Like or Opioid Treatment Program (OTP). Do not select these site types unless you are sure they apply to your organization.

Section 2: Confirm Site Details

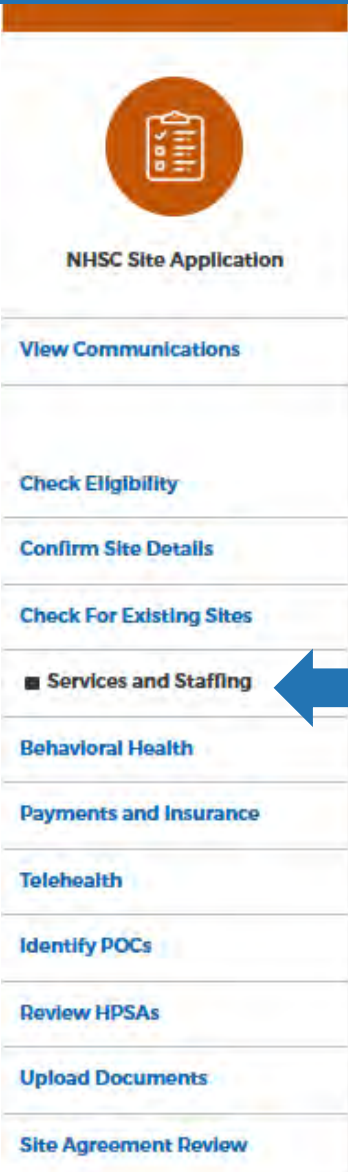
Sites must enter the following in the site application:

- Unique address
- Website
- Email address
- Phone number
- Fax number (optional)
- Unique site identifiers if applicable (i.e., CCN number for CMS-Certified Rural Health Clinics)



The screenshot shows the NHSC Site Application interface. At the top is the HRSA National Health Service Corps logo. Below it is a circular icon with a clipboard and checklist, labeled "NHSC Site Application". A list of application steps follows: "View Communications", "Check Eligibility", "Confirm Site Details" (highlighted with a blue arrow), "Check For Existing Sites", "Services and Staffing", "Behavioral Health", "Payments and Insurance", "Telehealth", "Identify POCs", "Review HPSAs", "Upload Documents", and "Site Agreement Review".

Section 3: Services and Staffing



Services provided:

- Primary medical care
- Primary behavioral health care
- Primary dental (oral) care

Comprehensive primary care:

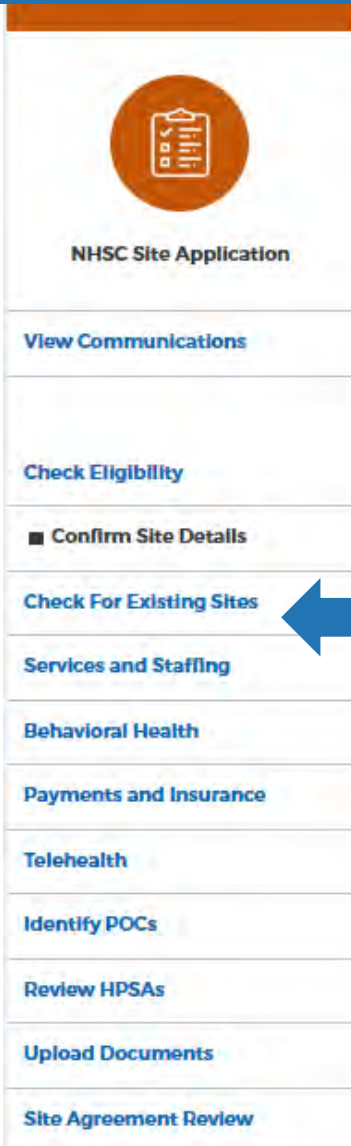
- Defined as *a continuum of care not focused or limited to gender identity, organ systems, a particular illness, or categorical population*
- Site must provide on-site comprehensive primary care services (Medical, Dental or Behavioral Health) necessary for the populations served.
- Services should align with the clinicians who work at the site.

Staffing:

- Enter number of Full-Time Equivalent (FTE) employees for each discipline.
- One FTE is a staff member working 40 hours/week, 0.5 FTE is a staff member working 20 hours/week.

Section 4: Check for Existing Sites

- If you have a duplicate site record with the same name and address, **select the existing site record and STOP!**
- If you do not have access to this existing site record, you may need to contact your Regional Analyst to be added to the existing site record.
- Do not create a duplicate.



NHSC Site Application

View Communications

Check Eligibility

■ Confirm Site Details

Check For Existing Sites

Services and Staffing

Behavioral Health

Payments and Insurance

Telehealth

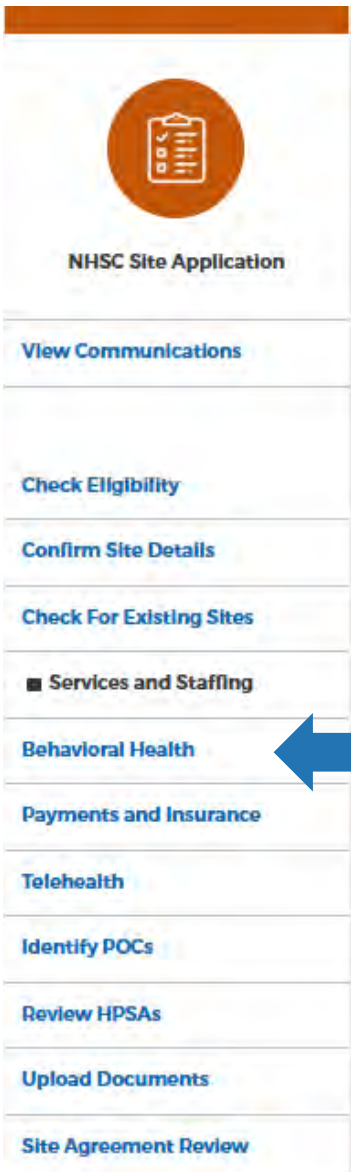
Identify POCs

Review HPSAs

Upload Documents

Site Agreement Review

Section 5: Behavioral Health Requirements



Requirements for Behavioral Health Sites:

- Have a Mental Health HPSA and offer comprehensive services to patients in the HPSA
- Employ clinical staff that provide behavioral health services
- Provide **core** comprehensive behavioral health services **on-site**, which include:
 - Screening and assessment
 - Treatment plan
 - Care coordination
- Offer **non-core** comprehensive behavioral health services **on-site, in-network, or off-site**:
 - Diagnosis
 - Therapeutic services
 - Crisis/emergency services
 - Consultative services
 - Case management

Section 5: Behavioral Health Documentation

Uploaded?	On-Site CORE Services (Must be onsite)	Acceptable Documents
X	Screening and assessment	<ul style="list-style-type: none"> • Operating certificate • Site brochure • Site policy • Website link and screenshot • Other documentation
X	Treatment plan	
X	Care coordination	
Uploaded?	On-Site, In-Network or Off-Site NON-CORE Services	Acceptable Documents
X	Diagnosis	<ul style="list-style-type: none"> • Operating certificate • Site brochure (only if service is provided on-site) • Site policy • Website link and screenshot • Other documentation • Affiliation agreements • Memorandums of Understanding/ Agreement • Contracts • Letters of referral • Letters of support/commitment • Referral and follow-up policy and procedures
X	Therapeutic services	
X	Crisis/emergency services	
X	Consultative services	
X	Case management	

Section 6: Payments and Insurance



Coverage types accepted:

- Sites must accept Medicare, Medicaid and CHIP
- Enter Medicare, Medicaid, and CHIP billing numbers (facility billing number if available)
- If sites do not have a number, explain why. There are limited exceptions.

General payment information

- Enter nominal fee charge for patients at and below 100% of the Federal Poverty Guidelines. Enter "\$0" if there is no charge. This amount should match your policy documents.

Step 6: NHSC Payments and Insurance (Site Data)

Site-Specific Data

- **Most recent 6-month** reporting period
- Number of patients by primary insurance type
- Patient Visits by Primary Insurance Type
- Patient service charges, collections, and adjustments
- Patient applications for the Sliding Fee Discount Program

Refer to the NHSC Site Data Table Guidance Document (PDF online) for detailed instructions about these data points.

Do not enter network data. Data is specific for individual locations. Sites unable to separate the data will be disapproved.



Section 6: Sliding Fee Discount Program

The Intent of the Sliding Fee Discount Program

To minimize financial barriers to care for patients at and below 200% of the Federal Poverty Guidelines.

Ensures eligible patients have access to all primary care services regardless of their ability to pay.





Section 6: Sliding Fee Discount Program (SFDP) Overview

Services covered:

- All primary care services for site type

Patients covered:

- Eligibility is **based solely on family size and income** and no other factors.
- Applicable to **all individuals and families (uninsured or underinsured) with annual incomes at or below 200%** of the most current Federal Poverty Guidelines (FPG).
- Sites may screen for alternate payment sources; **however**, sites **cannot require** Medicaid/CHIP/ACA insurance **application**, nor require a patient to provide a **proof of insurance denial letter**, to determine eligibility for the SFDP.
- **Must be applied for eligible patients with third-party insurance coverage** unless the third-party insurance contract prohibits the application of the SFDP
- Required fees, patient eligibility assessment, and collecting payments **must not create barriers to care.**



Section 6: Sliding Fee Discount Program (SFDP) Documents

SFDP Required Documents

- Policy
- Patient Application
- Sliding Fee Schedule
- **Two photos** of your site's posted signage;
 - The first photo – Distant, signage in a common area
 - The second photo – Close-up, signage text is legible
- A **screenshot and link** to the published **online statement on the site's website**

Free Clinics Required Documents

- Free clinics provide services at no cost to **all** patients but may bill third party payers.
- Free clinics should upload documentation that no one is charged or billed for services and individuals are not denied services because of inability to pay.

Section 6: Sliding Fee Discount Program (SFDP) – Policy

The SFDP Policy must address the following:

- Patient eligibility
- Frequency of patient eligibility re-evaluation
- Definitions of income and family size
- Documentation and verification requirements to determine patient eligibility (e.g., W-2s, Tax Return, etc.)
- How your site advertises the SFDP to increase access to care
- Explanation of nominal charges, if any
- Collections policies for SFDP patient debts, if any



Section 6: Sliding Fee Discount Program (SFDP) – Patient Application

SFDP Patient Application Requirements

The Patient Application should be limited to questions about **family size** and **income** for families at or below 200% Federal Poverty Guidelines (FPG).

NEW: Sites may have screening questions on their SFDP Application to screen for alternate payment sources, but the answers to those questions or the application to those programs CANNOT determine eligibility for the SFDP.

Patient application for families at or below 200% FPG CANNOT require:

- Credit checks
- Payment history
- Medicaid denial letter
- Asset test
- Net worth assessment

Section 6: Sliding Fee Discount Program (SFDP) – Sliding Fee Schedule

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,650	\$17,215	\$18,780	\$20,345	\$21,910	\$23,475	\$25,040	\$26,605	\$28,170	\$29,735	\$31,300	>\$31,300
2	\$21,150	\$23,265	\$25,380	\$27,495	\$29,610	\$31,725	\$33,840	\$35,955	\$38,070	\$40,185	\$42,300	>\$42,300
3	\$26,650	\$29,315	\$31,980	\$34,645	\$37,310	\$39,975	\$42,640	\$45,305	\$47,970	\$50,635	\$53,300	>\$53,300
4	\$32,150	\$35,365	\$38,580	\$41,795	\$45,010	\$48,225	\$51,440	\$54,655	\$57,870	\$61,085	\$64,300	>\$64,300
5	\$37,650	\$41,415	\$45,180	\$48,945	\$52,710	\$56,475	\$60,240	\$64,005	\$67,770	\$71,535	\$75,300	>\$75,300
6	\$43,150	\$47,465	\$51,780	\$56,095	\$60,410	\$64,725	\$69,040	\$73,355	\$77,670	\$81,985	\$86,300	>\$86,300
7	\$48,650	\$53,515	\$58,380	\$63,245	\$68,110	\$72,975	\$77,840	\$82,705	\$87,570	\$92,435	\$97,300	>\$97,300
8	\$54,150	\$59,565	\$64,980	\$70,395	\$75,810	\$81,225	\$86,640	\$92,055	\$97,470	\$102,885	\$108,300	>\$108,300
For each additional person, add	\$5,500	\$6,050	\$6,600	\$7,150	\$7,700	\$8,250	\$8,800	\$9,350	\$9,900	\$10,450	\$11,000	>\$11,000

*Based on the 2025 [Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.



Section 6: Sliding Fee Discount Program (SFDP) – Sliding Fee Schedule

Sliding Fee Schedule:

- Revised annually to reflect updated Federal Poverty Guidelines (FPGs)
- Provides a full discount (no charge) with optional nominal fee for those at and below 100% of the FPG
- Discounted services (via sliding fee/discount schedule) for those above 100% and at/below 200% of FPG from the full-price schedule of fees
- Nominal fee:
 - The nominal charge must be less than the fee paid by a patient in the first “sliding fee discount pay class” beginning above 100 percent of the Federal Poverty Guidelines
 - Must not create a barrier to care for patients

***A sample Sliding Fee Schedule, Policy, and Sliding Fee Discount Program Application can be found on the NHSC website under "Resources"**



Section 6: Sliding Fee Discount Program (SFDP) – Signage

Clinic signage and website must state:

- "No one will be denied access to services due to inability to pay"; and
- "There is a discounted/sliding fee schedule available based on family size and income."

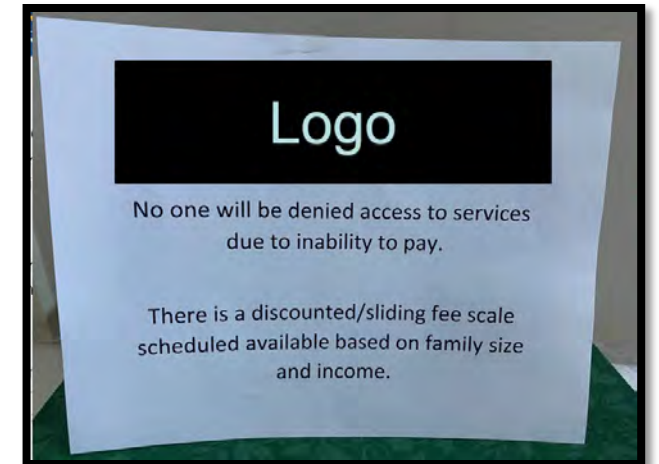
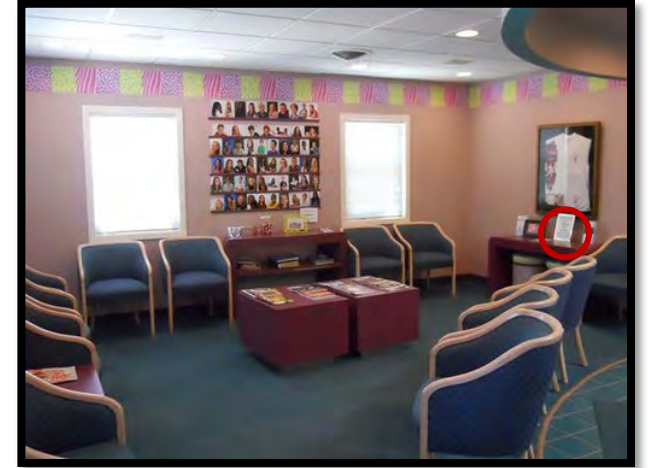
Statement must be prominently displayed:

- Signage posted in a patient common areas
- Website statement is easy to locate and intuitive (i.e., main page, location's landing page, or billing sections)

Section 6: Sliding Fee Discount Program (SFDP) – Signage Examples

Required documents:

- Upload two photographs of the posted signage:
 - The first photograph must show the sign prominently displayed in a common area, visible to patients.
 - The second photograph must be a close-up photo so the text is legible.
- Upload a document with the screenshot and link to the published online statement on the site's official website (if one exists)



✗ Sites may not use the NHSC poster and/or logo until the location is NHSC-approved.

Steps 7 – 9: Telehealth, Identify POCs, Review HPSAs



NHSC Site Application

View Communications

Check Eligibility

Confirm Site Details

Check For Existing Sites

Services and Staffing

Behavioral Health

Payments and Insurance

■ Telehealth

Identify POCs

Review HPSAs

Upload Documents

Site Agreement Review

Telehealth

- 100% Telehealth Sites are **ineligible** for NHSC

Identify Points of Contact

- 2 Active Points of Contact (POCs) that cover the roles of Administrator, Personnel Verifier and Recruiter.

Review Health Professional Shortage Areas (HPSAs)

- Sites must have a HPSA Score for the type of services offered.
- Some site types receive Facility HPSAs that are specific to their site location
 - CMS-certified Rural Health Centers (RHC) can receive a Facility HPSA **after** their Site Application is approved.
 - State Prisons must receive a Facility HPSA from their State Primary Care Office (PCO) **prior to** submitting a Site Application.



Section 10: Upload Documents Section



NHSC Site Application

View Communications

Check Eligibility

Confirm Site Details

Check For Existing Sites

Services and Staffing

Behavioral Health

Payments and Insurance

Telehealth

Identify POCs

Review HPSAs

■ Upload Documents

Site Agreement Review

Add required documents:

- Recruitment and retention plan
- Proof of access to ancillary, inpatient and specialty care
- Mobile unit stops (if applicable)

Add Substance Use Disorder documents (if applicable):

- Proof of Substance Use Disorder (SUD) Services
- Medications for Opioid Use Disorder (MOUD) Attestation Letter





Section 10: Proof of Access to Ancillary, Inpatient and Specialty Care

Upload Documentation of Referral Arrangements:

- A site must function as a part of a “**system of care**” that offers or ensures access to **ancillary, inpatient, and specialty care and referrals**.
 - *Ancillary: ex. Laboratory, Pharmacy, Radiology*
 - *Inpatient: ex. Hospital, Long-term care*
 - *Specialty Care: ex. Endocrinology, Orthodonture*
- Upload proof of referral arrangements for ancillary, inpatient, and specialty care that are not available on-site.

Acceptable Documents

- Memorandums of Understanding
- Memorandums of Agreement
- Contracts
- Signed and dated description of how your site ensures patient access to ancillary, inpatient and specialty care and where you refer for services not offered onsite. (**Preferred** as this can be the most concise, comprehensive document)



Step 10: Clinician Recruitment and Retention Plan

Upload a Recruitment and Retention Plan Document:

- Recruit and maintain clinical staffing levels to serve the community appropriately
- Should include specific strategies to promote clinician resiliency and reduce burnout
- **Reference the "Sample Clinical Recruitment and Retention Plan" on the NHSC New Site website under "resources"**

Section 10: Substance Use Disorder (SUD) Services

SUD documentation:

- **Sites providing Substance Use Disorder counseling services must provide one of the following:**
 - SUD operating certificate (from state/county)
 - Documentation of SUD services provided on-site
 - Brochure, site policy, website documentation, etc.
 - Referral and Follow-up Policies and Processes
- **Sites that only provide general SUD counseling services are no longer eligible.**
 - Substance Use Disorder sites must provide services in addition to “General Substance Use Disorder Services” to be considered comprehensive (e.g., MAT/MOUD, General Behavioral Health Services, General Primary Care Services)



Section 10: Medications for Opioid Use Disorder (MOUD) Services

Required document:

- **Medications for Opioid Use Disorder (MOUD) Attestation Letter**

Letter signed by the site Chief Executive Officer or Medical Director stating:

- That the site offers MOUD on-site
- Address of the site/sites
- MOUD days and hours
- The size of the MOUD patient panel for the most recent 6-month period within the last 12 months. Panel size must be greater than 0.

Reference the "MOUD Letter Template" on the NHSC website under Site Guidance Resources



Section 10: SAMHSA-Certified Opioid Treatment Programs (OTPs)

SAMHSA-Certified Opioid Treatment Programs (OTPs)

- OTP sites will be verified internally through the SAMHSA website

OTP Directory (samhsa.gov)



Find Help

Practitioner Training

Public Messages

Grants

Data

Opioid Treatment Program Directory

Select to view the opioid treatment programs in a State

Section 11: Review and Submit

In this section, you will:

- Review the NHSC Site Agreement before certifying and signing it.
- Ensure you have included all the required documents and data.
- If there is missing information, you will not be able to move forward with submitting your application.

Special Considerations





Sites Affiliated with Outpatient Clinics

Site types that must demonstrate affiliation with an outpatient clinic:

- Critical Access Hospital (CAH)
- Rural Emergency Hospital (REH)
- IHS Hospital
- Tribally Operated 638 Hospital

Policies and practices:

- NHSC participants must provide weekly patient care at the affiliated outpatient clinic.
- REH sites must select “CAH” as the site subtype.
- These sites must utilize an NHSC-approved Sliding Fee Discount Program in their Emergency Room and affiliated outpatient clinic.
- Identify the affiliated outpatient clinic in the Site Details section of the NHSC Site Application.
- If applying for both the Hospital and Outpatient Clinic, first submit the application for the Outpatient Site.

Testing Your Knowledge

*Do you know
how to apply to
become an
NHSC active
site?*





Polls – What documents do I need to submit?

Which documents are required components of the NHSC Site Application?

- a) Sliding Fee Discount Program Policy
- b) Proof of access to ancillary, specialty, and inpatient care
- c) Sliding Fee Discount Program Patient Application
- d) Recruitment and retention plan
- e) All of the Above



Polls – What documents do I need to submit?

Which documents are required components of the NHSC Site Application?

- a) Sliding Fee Discount Program Policy
- b) Proof of access to ancillary, specialty, and inpatient care
- c) Sliding Fee Discount Program Patient Application
- d) Recruitment and retention plan
- e) All of the Above



Polls – What documents do I need to submit?

Can my site's Sliding Fee Discount Program require patients to apply for Medicaid, or require patients to obtain proof of insurance denial before allowing them to apply for and be eligible for the SFDP?

- a) Yes
- b) No
- c) I don't know



Polls – What documents do I need to submit?

Can my site's Sliding Fee Discount Program require patients to apply for Medicaid, or require patients to obtain proof of insurance denial before allowing them to apply for and be eligible for the SFDP?

a) Yes

b) No

c) I don't know



Maintain your NHSC-Active Site Status

- Stay "Active" in My BHW and communicate with the NHSC about site or participant changes.
- Update the Sliding Fee Schedule around February of each calendar year with the new Federal Poverty Guidelines
- Review the NHSC Site Reference Guide **annually**
- Ensure all NHSC-required documents stay current and compliant
- Submit a site recertification application every three years (non-auto approved sites)

Mark Your Calendar

Attend the NHSC New Site Application Online Q & A Session

May 21, 2025 at 1:30 p.m. – 3:00 p.m. ET

NHSC New Site Application Deadline:
June 17, 2025 at 11:59 p.m. ET





Support & Resources – Contact Us

Customer Care Center:

Phone: 1-800-221-9393

TTY: 1-877-897-9910

M-F, 8 a.m. to 8 p.m. ET, except federal holidays

Web <http://nhsc.hrsa.gov>

Health Workforce Connector: <http://connector.hrsa.gov/>

 Facebook: <http://facebook.com/nationalhealthservicecorps>

 X (formerly Twitter): <http://twitter.com/NHSCorps>

 LinkedIn: <http://www.linkedin.com/company/national-health-service-corps>



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